

Name
in
Full

Malinda Ashlee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Millington</i>		^{County} <i>Kent.</i>		MARYLAND	
Date of death	<i>1908</i>	^{Month} <i>Oct</i>	^{Day} <i>19</i>	^{Age} <i>70</i>	^{Years} <i>70</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Maryland</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>The Ashlee</i>			
Father's Name	<i>Unknown</i>	Father's Birthplace	<i>Unknown</i>		
Mother's Maiden Name	<i>Unknown</i>	Mother's Birthplace	<i>Unknown</i>		
Name of person giving information	<i>Risley Helmsley</i>	How related to deceased	<i>Nephew</i>		

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. J. J. Gorman M.D.</i>
		Address	<i>Millington Md.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

George Henry Barlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Milletola		County Kent		MARYLAND	
Date of death		1908	Month Oct.	Day 1	Age —	Years —	Months 11
Sex Male		Color or Race African		Birth-place Ind			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed S.		Name of Wife or Husband —					
Father's Name William H Barlow		Father's Birthplace Ind					
Mother's Maiden Name Lester Hodges		Mother's Birthplace Ind					
Name of person giving information Lester Hodges		How related to deceased Mother					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infinitum	How long 1 1/2 months
Immediate	Convulsions	How long 6 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Francis W Smith
		Address Franklin
Accident or Suicide? No		Ind

Hicks

Name
in
Full

Allen M. Clough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Kennedynville ^{County} Kent MARYLAND

Date of death 190 ^{Month} 8 ^{Day} Oct 17 Age ^{Years} — ^{Months} 2 ^{Days} 3

Sex Male Color or Race White Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name John M. Clough Father's Birthplace Ind

Mother's Maiden Name Phibie Clough Mother's Birthplace LOEL

Name of person giving Information .. How related to deceased Mother

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Murder How long 2 Months

Immediate Exhaustion How long 72 h

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician Gas W. Urie

Address Kennedynville
Ind

Accident or Suicide ☐

Hardy Lel

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Van cent & family

Died at *Millington* Town *Deer* County

Date of death *1908* Month *10* Day *10* Age *5* Years Months *5* Days

Sex *male* Color or Race *white* Birth-place *Mid*

Occupation *Laborer* Where Residing if not at place of death *Massy, Md*

Married, Single or Widowed *Single* Name of Wife or Husband *Wendy Long*

Father's Name *Wendy Long* Father's Birthplace *Mid*

Mother's Maiden Name *Amelia Ann Cuyler* Mother's Birthplace *Mid*

Name of person giving information *Heber Wood* How related to deceased *uncle*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Apoplexy* How long *Yes*

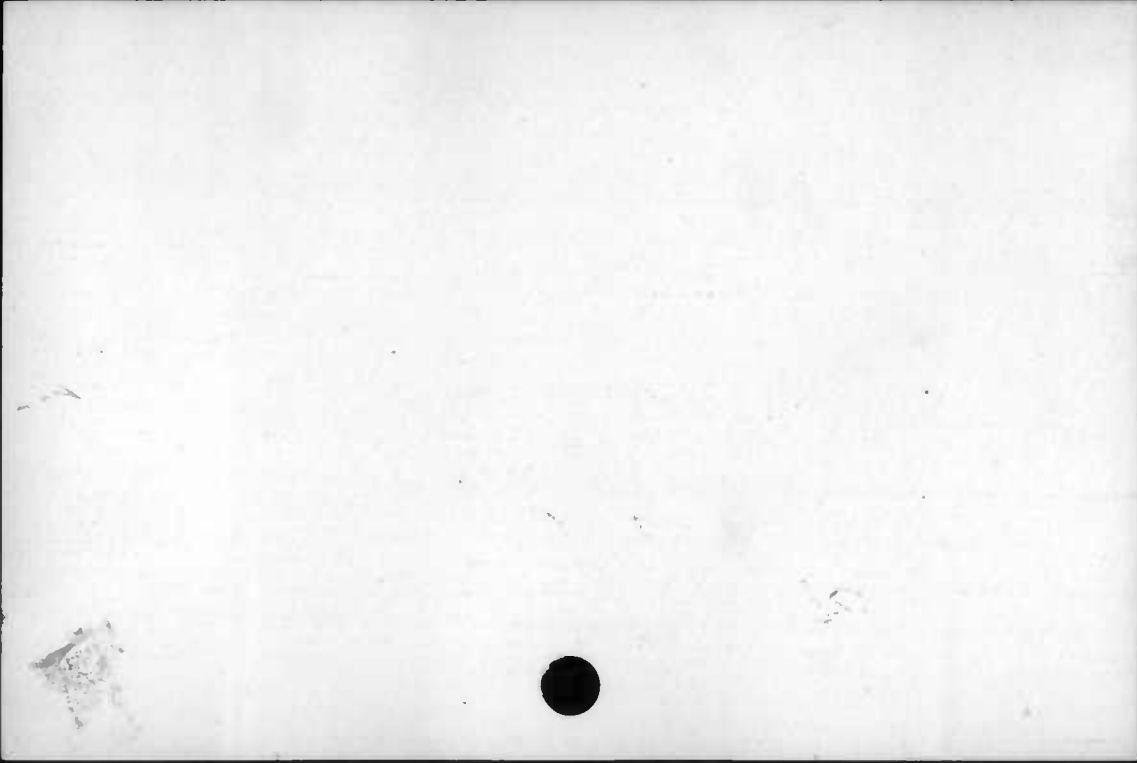
Immediate *Yes* How long *Yes*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. W. H. Jacob*

Address *Millington Md*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samuel Conegza</i>		Town <i>Fairhe</i>		County <i>Kent.</i>		MARYLAND	
Died at <i>Fairhe</i>		Month <i>Oct.</i>		Day <i>4</i>		Age <i>61</i>	
Date of death <i>1908</i>		Months <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Md</i>			
Occupation <i>Lumber work</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Rachel Wilson</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Emory Conegza</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary <i>Cancer of Jaw.</i>	How long <i>10 months.</i>
Immediate <i>Exhaustion.</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>F. Paul Whit.</i>
	Address <i>Fairhe Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mr. Alexander H. Crow.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spectertown</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct.</i>	Day <i>21</i>	Age <i>76</i>	Months <i>—</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>Farmer.</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah E. Crow</i>			
Father's Name <i>Saul Crow.</i>			Father's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Sarah E. Moody</i>			Mother's Birthplace <i>Kent Co Md</i>		
Name of person giving information <i>Alfred G. Crow</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption of Lung & Gen. Drops</i>	How long <i>40 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Halstead MD</i>
	Address <i>Spectertown Md</i>
Accident or Suicide? <i>—</i>	

Alex. H. Brew.

burial at
Still Pond
Cemetery.

Chubbroad

Name
in
Full

William H. Crow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Kennedyville ^{County} Stent **MARYLAND**

Date of death 1908 ^{Month} Oct ^{Day} 21 Age ^{Years} 6 ^{Months} — ^{Days} 17

Sex female Color or Race white Birth-place Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name

William Crow

Father's Birthplace

Md

Mother's Maiden Name

Annie C. Cochran

Mother's Birthplace

Del

Name of person giving Information

Wm Crow

How related to deceased

father

CAUSES OF DEATH

61

Primary

Acute Meningitis

How long

6 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. Louis Barwick

Address

Kennedyville
Md

Resident or Suicide

PHYSICIAN
OR CORONER

Shrewsbury.

Name in Full		CERTIFICATE OF DEATH			
Harry B. Everett		Quaker Neck Town 7th Dist		Kent County	
Died at no mile from Chester town		Kent		MARYLAND	
Date of death 1908 Oct 1		Age 12		7 Months Days	
Sex male		Color or Race white		Birth-place Iowa Home Co	
Occupation School boy		Where Residing if not at place of death Kent Co			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Michael Everett		Father's Birthplace Kent Co			
Mother's Maiden Name Sara Blackiston		Mother's Birthplace Iowa Home Co			
Name of person giving information Sara Blackiston		How related to deceased Mother			
CAUSES OF DEATH					
Primary Accident (Run over by wagon)		How long		164	
Immediate Fracture of Skull		How long			
Are the name, age, sex, color, date and place correctly given above? yrs		Signature of Physician Frank B. Hines			
		Address Chester town. Md.			
Accident or Suicide? no					

SLV



Name
in
Full

Rodger Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Still Pond Creek</i>		Town <i>Stint Co</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>18</i>	Age <i>2</i>	Years	Months <i>6</i>	Days <i>-</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>			
Occupation <i></i>				Where Raaiding if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>John Ford</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Heimiah Brooks</i>				Mother's Birthplace <i>md</i>			
Name of parson giving Information <i>John Brooks</i>				How related to deceased <i>grand-father</i>			

CAUSES OF DEATH

Primary *Convulsions.* How long *a few hours.*

Immediate How long

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

*W. S. Maxwell.**Still Pond. Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

Coleman



Name
In
Full

Columbus Marion Freeburger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

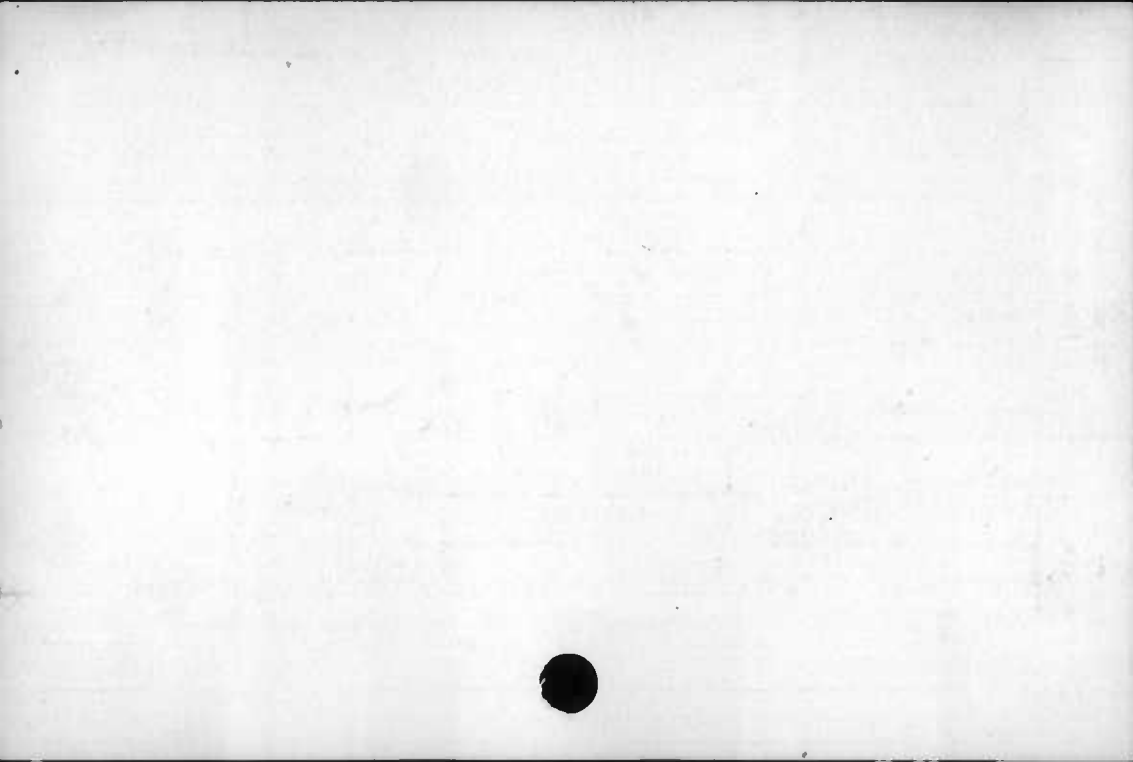
Died at		Town Rock Hall		County Kent-		MARYLAND	
Date of death		1908	Month Oct-	Day 18	Age Years	65	Months —
Sex		male		Color or Race		White	
Occupation		Unknown		Birth- place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Emily J Freeburger	
Father's Name		James M Freeburger		Father's Birthplace		Maryland	
Mother's Maiden Name		Emilie J Emick		Mother's Birthplace		Maryland	
Name of person giving Information		Anna Pearson		How related to deceased		Sister	

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	Pulmonary Aneurysm	How long	one day
Immediate	Aneurysm	How long	one day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. M. Schwatka M.D.	
Address		Rock Hall Kent Co.	
Accident or Suicide?		no	



Name
in
Full

Lydia Pauline George

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Lynches</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Oct</i>	Day <i>26</i>	Age <i>20</i>	Years <i>6</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dassafas Md</i>				
Occupation <i>Housework in home</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Nicholas R George</i>		Father's Birthplace <i>Phil. Pa</i>					
Mother's Maiden Name <i>Amanda George</i>		Mother's Birthplace <i>Del.</i>					
Name of person giving Information <i>Nicholas George</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary <i>Typhoid Fever.</i>	How long <i>19</i>
Immediate <i>Branchitis</i>	How long <i>10</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

DR. J. HORTON KELLEY
STILL POND, MD.

Accident or Suicide

Galena Cemetery
Hicks,

Name
in
Full

John Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chestertown ^{Town} Kent ^{County} **MARYLAND**

Date of death 1908 ^{Month} Oct ^{Day} 16 ^{Years} 43 ^{Months} ^{Days}

Sex Male Color or Race Col Birth-place Va

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Lydia (?)

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information How related to deceased None

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Heart resuscitation How long several years

Immediate Dropsy How long 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. G. Simpson

Address Chestertown

Accident or Suicide No



Name
in
Full

Florence W. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near <u>Stemmyville</u> ^{County} <u>Bent</u>		MARYLAND	
Date of death <u>1908</u>	^{Month} <u>Oct</u>	^{Day} <u>29</u>	^{Years} <u>—</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>md</u>	^{Months} <u>1</u> ^{Days} <u>14</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Harry Hill</u>	Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mary Wilson</u>	Mother's Birthplace <u>md</u>		
Name of person giving Information <u>"</u>	How related to deceased <u>mother</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Gastritis</u>	How long <u>Week</u>
Immediate <u>" Intaric Fever</u>	How long <u>28 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Jas W. Urie</u>
	Address <u>Kennedyville md</u>
Accident or Suicide <input type="checkbox"/>	

Still Pond

Name
In
Full

CERTIFICATE OF DEATH

Caroline Hutchins

Town

County

MARYLAND

Died at Millington Stent

Date of death 1908

Month

Day

Years

Months

Days

10

20

Age

71

Sex

Female

Color or
Race

Black

Birth-
place

Ind

Occupation

Servant

Where Residing if not
at place of death

~~Married, Single~~
~~or Widowed~~

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Presilla Hutchins

Mother's
Birthplace

Ind

Name of person giving
Information

Mary E. Emory

How related
to deceased

Niece

CAUSES OF DEATH

142

Primary

Neglected Sore

How long

Unknown

Immediate

Gangrene (leg & foot)

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Dr. W. H. Jacobs

Address

Millington

Accident or Suicide?

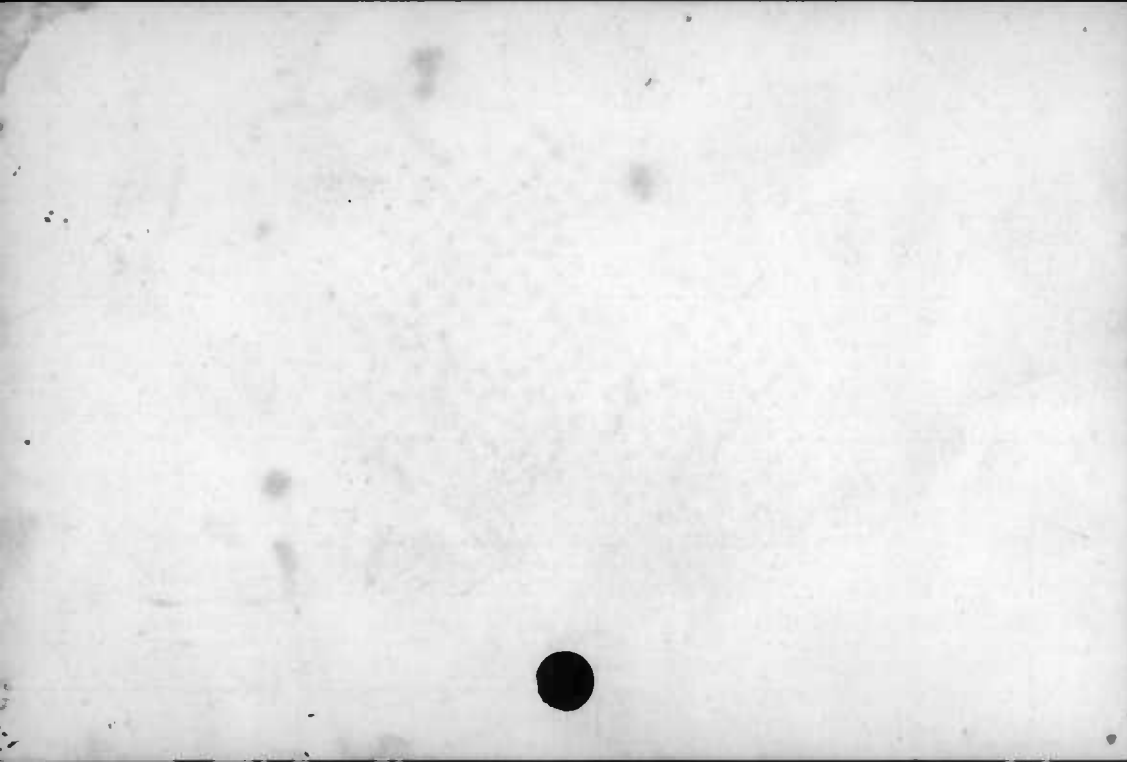
Parts destroyed and full of ulcers

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

ulcer on leg from foot
to near knee

ulcer probably dates back
twenty-five years.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Jarvis* Town *near Solena* County *Kent* **MARYLAND**

Died at *near Solena*

Date of death 190*8* Month *Oct* Day *15* Age *67* Months *4* Days

Sex *Male* Color or Race *White* Birth-place *U.S.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or Husband *Se*

Father's Name *Caleb Jarvis* Father's Birthplace *U.S.*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Mrs. Vansant* How related to deceased *daughter*

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary *Paralysis* How long

Immediate *Paralysis* How long *5 years*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address **DR. J. HORTON KELLEY**
STILL POND, MD.

Accident or Suicide

Galena.

Name
in
Full

Carmetta Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Chattanooga* TownCounty *Knox*

Date

of death *1908*Month *Oct*Day *24*

Age

Years *—*Months *3*

Days

Sex *Female*Color or
Race *Negro*Birth-
place *Chattanooga, Md*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *Wm Jones*Father's
Birthplace *Don't know*Mother's
Maiden Name *Martha Griffin*Mother's
Birthplace *Md*Name of person giving
Information *Martha Griffin*How related
to deceased *Mother*

CAUSES OF DEATH

179

Primary *Neglect (presumably)*How long *3 months*Immediate *Inanition, Asthma*

How long

Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Harry L. Doan*Address *Chattanooga, Md*

Accident or Suicide?

Hicks

Name
in
Full

George E Lambert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

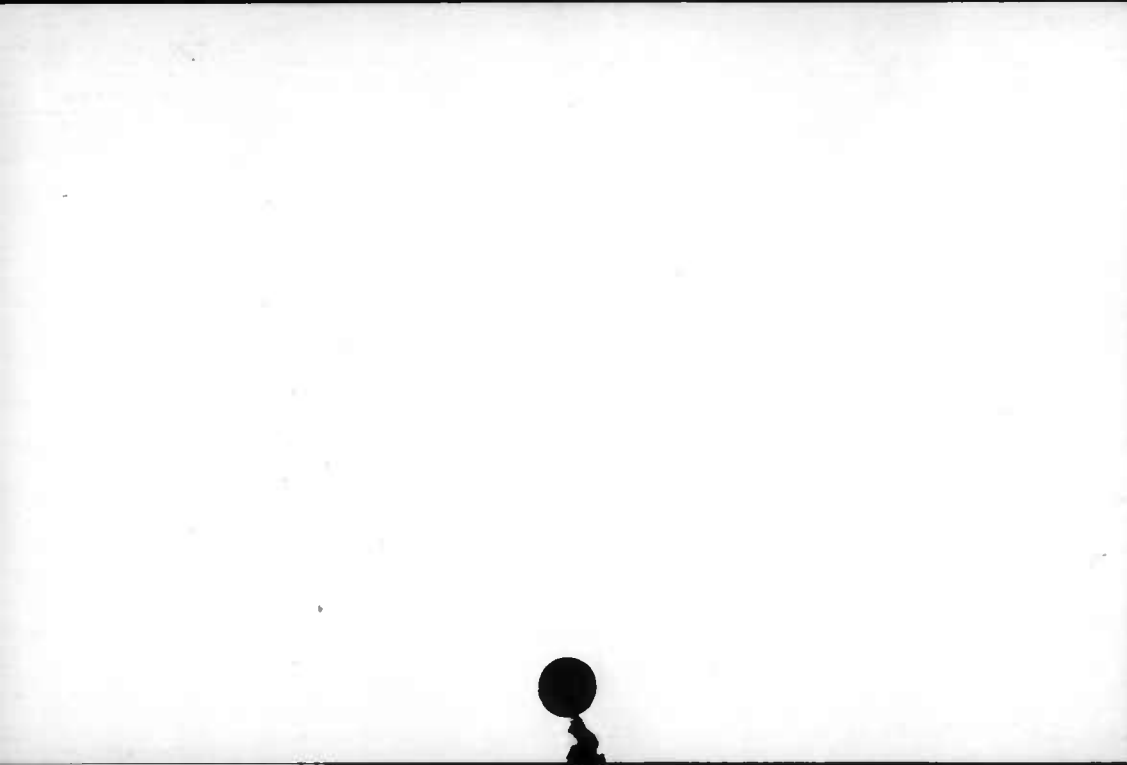
Died at		Town Cherestown		County Kent		MARYLAND	
Date of death		1908	Month Oct	Day 17	Age	Years 65	Months Days
Sex		Male		Color or Race		White	
Birth-place		Kent		Occupation		retired Hotel Prop	
Where Residing if not at place of death		Merried, Single or Widowed		Name of Wife or Husband		Simpson Rawlin's	
Father's Name		Derek Lambert		Father's Birthplace		Kentucky	
Mother's Maiden Name		Margaret (L)		Mother's Birthplace		Kentucky	
Name of person giving Information		Jas W Lambert		How related to deceased		Brother	

CAUSES OF DEATH

121

PHYSICIAN
OR CORONER

Primary	Pyelo nephritis	How long	2 months
Immediate	Coma	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J H Simpson	
Address		Cherestown	
Accident or Suicide		No	



Name
in
Full

Myrtle Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Worton</u> Town		County <u>Hunt</u>		MARYLAND	
Date of death	<u>1908</u>	Month <u>Oct</u>	Day <u>10</u>	Age <u>—</u> Years	Months <u>8</u> Days <u>21</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John Thomas</u>		Father's Birthplace <u>Hunt Co md</u>			
Mother's Maiden Name <u>Mattie Taylor</u>		Mother's Birthplace <u>" " "</u>			
Name of person giving information <u>" "</u>		How related to deceased <u>mother</u>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>all life</u>
Immediate <u>Marasmus</u>	How long <u>all life</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. Benge Simmons</u>
	Address <u>Chestertown Md</u>
Accident or Suicide? <u>No</u>	

Union Secretary

Name
in
Full

Viola Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

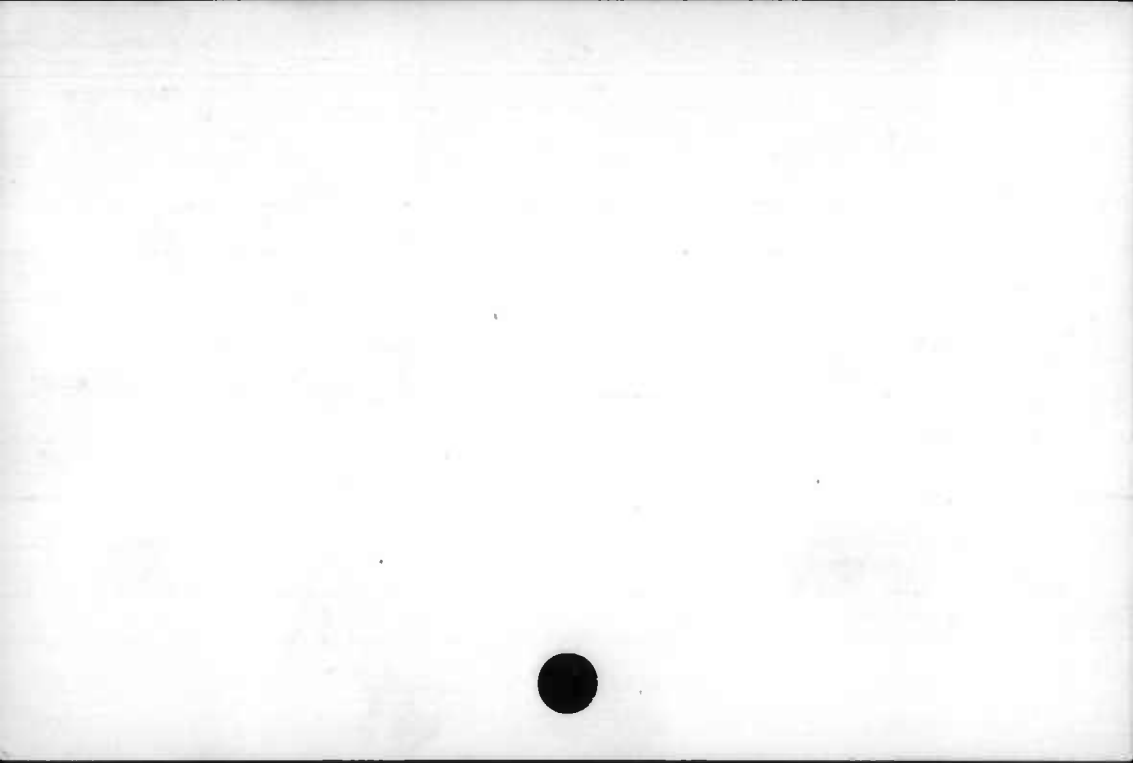
Died at		Town Chestertown		County Kent		MARYLAND	
Date of death		1908	Month Oct	Day 21	Age Years	Months 4	Days
Sex Female		Color or Race Coul		Birth- place md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Wm Henry Davis		Father's Birthplace md					
Mother's Maiden Name Anna V. Watkins		Mother's Birthplace md					
Name of person giving Information mother		How related to deceased					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Morassum	How long	Since birth
Immediate	Exhaustion	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. G. Simpson
Yes		Address	Chestertown
Accident or Suicide		No	



Name in Full		Genevera Lola Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Pinne Creek</i>		Town <i>Pinne Creek</i>		County <i>Kent</i>		MARYLAND
	Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>18</i>	Age <i>14</i>	Years <i>14</i>	Months <i>4</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>			
	Occupation <i>School Student</i>	Where Residing if not at place of death <i>—</i>					
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>					
	Father's Name <i>Alphus L Wilson</i>	Father's Birthplace <i>Kent Co Md</i>					
	Mother's Maiden Name <i>Matilda A Bryden</i>	Mother's Birthplace <i>Kent Co Md</i>					
	Name of person giving information <i>Alphus L. Wilson</i>	How related to deceased <i>Frather</i>					
CAUSES OF DEATH							<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="font-size: 24px; font-weight: bold;">93</div> </div>
Primary <i>Pneumonia</i>	How long <i>15 days</i>						
Immediate <i>Exhaustion</i>	How long <i>one week</i>						
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. H. Schwatka M.D.</i>						
	Address <i>Rock Hall Kent Co Md</i>						
Accident or Suicide? <i>No</i>							



Name
in
Full

Harry Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near <i>Colman</i>		^{County} <i>Hunt</i>		MARYLAND	
Date of death 1908	^{Month} <i>Oct</i>	^{Day} <i>28</i>	Age ^{Years} <i>36</i>	^{Months} <i>3</i>	^{Days} <i>—</i>
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>ind</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Rachel Rasin</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Rachel Rasin</i>				
Father's Name <i>Philip Wright</i>	Father's Birthplace <i>ind</i>				
Mother's Maiden Name <i>Mary J. Wilson</i>	Mother's Birthplace <i>ind</i>				
Name of person giving Information <i>Beth Wright</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright disease,</i>	How long <i>9 months,</i>
Immediate <i>Paralysis.</i>	How long <i>4 weeks,</i>
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>W. S. Maxwell,</i>
	Address <i>Still Pond, Md.</i>
Accident or Suicide	

Colman